

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09762152	FILED
APPLICANT(S)		

CLAIMS

CLAIM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	/		/			
4		/	/			
5	/		/			
6	5		/			
7	5		/			
8	5		/			
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42	/		/			
43	/		/			
44	/		/			
45	/		/			
46	/		/			
47	5		/			
48	5		/			
49	5		/			
50	5		/			
TOTAL IND.			5			
TOTAL DEP.			64			
TOTAL CLAIMS			69			

CLAIM	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	5	/				
52	5	/				
53	5	/				
54	5	/				
55	5	/				
56	/	/	/	/		
57	1	/				
58	/	/				
59	/	/				
60	/	/				
61	5	/				
62	5	/				
63	5	/				
64	5	/				
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						